

First NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

Gila

ARIZONA STATE BOARD OF HEALTH

1. County of

District of

Town of *miami*

or

City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

133a/86

County Registrar No.

85

Local Registrar No.

No. *Railroad Ave, near Mill*

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Helen Ruth Palmer*

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

female

4. Twin, triplet or other

6. Legitimate?

7. Date

Feb 11 19

8. FATHER

Full name *Elen J. Palmer*

14. MOTHER

Full maiden name *Clara Cooper*

9. Residence

(Usual place of abode)

miami

If non-resident, give place and state.

Arizona

15. Residence

(Usual place of abode)

miami, Ariz

If non-resident, give place and state.

10. Color or race

white

11. Age at last birthday *23* (Years)

16. Color or race

white

17. Age at last birthday *23* (Years)

12. Birthplace (city or place)

(State or country)

Arizona

18. Birthplace (city or place)

(State or country)

New Mex. Co

13. Occupation

Nature of industry

Laborer Railroad Construction

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *1*

(b) Born alive but now dead *0*

(c) Stillborn *0*

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn)

at *10:35 a* m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

H. J. Miller
(Physician or midwife)

miami, Arizona

Given name added from a supplemental report

Month, day, year

Filed

Filed

Registrar

Local Registrar

County Registrar

* Has no middle name; just an initial "J"

879-211-339